



CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES
INDEPENDENT LIVING CHECKLIST
To be completed for all older youth leaving foster care.

YOUTH NAME:

1. ☐ YES ☐ NO Youth has a Social Security card
2. ☐ YES ☐ NO Youth has a photo ID
3. ☐ YES ☐ NO Youth has a library card
4. ☐ YES ☐ NO Youth has an alarm clock
5. ☐ YES ☐ NO Youth has a calendar
6. ☐ YES ☐ NO Youth has a copy of their birth certificate
7. ☐ YES ☐ NO Youth has a completed Passport or Health and Education History
8. ☐ YES ☐ NO Youth has medical insurance
9. ☐ YES ☐ NO Youth has done volunteer work
10. ☐ YES ☐ NO Youth has paid work experience
11. ☐ YES ☐ NO Youth has a resume or employment experience record
12. ☐ YES ☐ NO Youth has a source of income
13. ☐ YES ☐ NO Youth has an appropriate place to live
14. ☐ YES ☐ NO Youth has a friend
15. ☐ YES ☐ NO Youth has a reliable adult in their life
16. ☐ YES ☐ NO Youth has a mailing address (PO Box OK)
17. ☐ YES ☐ NO Youth has favorite things to do
18. ☐ YES ☐ NO Youth belongs to an organized social or service club or group
19. ☐ YES ☐ NO Youth has a driver's permit or driver's license
20. ☐ YES ☐ NO SSPS has been authorized (3901/3902)

YOUTH SIGNATURE:

DATE: